

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,778,220.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,778,220.75
YTD Amount:	\$	3,778,220.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00011220
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	10,340.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	10,340.35
YTD Amount:	\$	10,340.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00145397
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	133,997.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	133,997.87
YTD Amount:	\$	133,997.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00938333
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	864,767.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	864,767.67
YTD Amount:	\$	864,767.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00149500
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	137,779.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	137,779.20
YTD Amount:	\$	137,779.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected: \$137,464,370.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$92,159,997.60 **County/City Ratio:** 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	109,263.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	109,263.97
YTD Amount:	\$	109,263.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.02081556
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,918,361.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,918,361.96
YTD Amount:	\$	1,918,361.96

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CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00140173
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	129,183.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	129,183.43
YTD Amount:	\$	129,183.43

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CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00542726
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	500,176.27
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	500,176.27
YTD Amount:	\$	500,176.27

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CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.02542398
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,343,073.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,343,073.94
YTD Amount:	\$	2,343,073.94

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CLAIM SCHEDULE NUMBER: 1200009A
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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00134476
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	123,933.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	123,933.08
YTD Amount:	\$	123,933.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00944552
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	870,499.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	870,499.10
YTD Amount:	\$	870,499.10

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00935974
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	862,593.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	862,593.62
YTD Amount:	\$	862,593.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00182883
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	168,544.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	168,544.97
YTD Amount:	\$	168,544.97

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CLAIM SCHEDULE NUMBER: 1200009A
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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.01731626
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,595,866.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,595,866.48
YTD Amount:	\$	1,595,866.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	429,925.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	429,925.47
YTD Amount:	\$	429,925.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00205165
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	189,080.06
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	189,080.06
YTD Amount:	\$	189,080.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00147004
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	135,478.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	135,478.88
YTD Amount:	\$	135,478.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.32827789
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	30,254,089.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	30,254,089.54
YTD Amount:	\$	30,254,089.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00459604
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	423,571.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	423,571.04
YTD Amount:	\$	423,571.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected: \$137,464,370.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$92,159,997.60 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,003,205.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,003,205.81
YTD Amount:	\$	1,003,205.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00078332
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	72,190.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	72,190.77
YTD Amount:	\$	72,190.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00296652
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	273,394.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	273,394.48
YTD Amount:	\$	273,394.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00573510
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	528,546.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	528,546.80
YTD Amount:	\$	528,546.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00086396
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	79,622.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	79,622.55
YTD Amount:	\$	79,622.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00123309
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	113,641.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	113,641.57
YTD Amount:	\$	113,641.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00843636
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	777,494.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	777,494.92
YTD Amount:	\$	777,494.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected: \$137,464,370.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$92,159,997.60 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	422,935.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	422,935.13
YTD Amount:	\$	422,935.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00291056
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	268,237.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	268,237.20
YTD Amount:	\$	268,237.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.05520311
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	5,087,518.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,087,518.49
YTD Amount:	\$	5,087,518.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00358832
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	330,699.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	330,699.56
YTD Amount:	\$	330,699.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected: \$137,464,370.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$92,159,997.60 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	113,721.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	113,721.75
YTD Amount:	\$	113,721.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected: \$137,464,370.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$92,159,997.60 **County/City Ratio:** 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,980,592.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,980,592.56
YTD Amount:	\$	2,980,592.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected: \$137,464,370.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$92,159,997.60 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,086,064.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,086,064.15
YTD Amount:	\$	3,086,064.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected: \$137,464,370.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$92,159,997.60 **County/City Ratio:** 0.00176123
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	162,314.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	162,314.95
YTD Amount:	\$	162,314.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.03592459
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,310,810.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,310,810.13
YTD Amount:	\$	3,310,810.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.06138059
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	5,656,835.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,656,835.03
YTD Amount:	\$	5,656,835.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.06260938
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	5,770,080.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,770,080.31
YTD Amount:	\$	5,770,080.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.01414137
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,303,268.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,303,268.63
YTD Amount:	\$	1,303,268.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00470870
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	433,953.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	433,953.78
YTD Amount:	\$	433,953.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,339,087.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,339,087.53
YTD Amount:	\$	1,339,087.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00867979
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	799,929.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	799,929.43
YTD Amount:	\$	799,929.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.03493360
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,219,480.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,219,480.49
YTD Amount:	\$	3,219,480.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	542,501.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	542,501.67
YTD Amount:	\$	542,501.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected: \$137,464,370.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$92,159,997.60 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	741,328.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	741,328.57
YTD Amount:	\$	741,328.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00028606
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	26,363.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,363.29
YTD Amount:	\$	26,363.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected: \$137,464,370.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$92,159,997.60 **County/City Ratio:** 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	209,557.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	209,557.09
YTD Amount:	\$	209,557.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected: \$137,464,370.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$92,159,997.60 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,056,481.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,056,481.66
YTD Amount:	\$	1,056,481.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.01854597
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	1,709,196.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,709,196.55
YTD Amount:	\$	1,709,196.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.01149563
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,059,437.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,059,437.23
YTD Amount:	\$	1,059,437.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	413,419.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	413,419.61
YTD Amount:	\$	413,419.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00302136
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	278,448.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	278,448.53
YTD Amount:	\$	278,448.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00127824
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	117,802.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	117,802.60
YTD Amount:	\$	117,802.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.01023676
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	943,419.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	943,419.78
YTD Amount:	\$	943,419.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00234037
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	215,688.49
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	215,688.49
YTD Amount:	\$	215,688.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,250,508.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,250,508.87
YTD Amount:	\$	1,250,508.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00373362
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	344,090.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	344,090.41
YTD Amount:	\$	344,090.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00366093
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	337,391.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	337,391.30
YTD Amount:	\$	337,391.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00123264
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	113,600.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	113,600.10
YTD Amount:	\$	113,600.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00559312
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	515,461.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	515,461.93
YTD Amount:	\$	515,461.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200009A
PAYMENT ISSUE DATE: 8/27/2012

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2012 TO: 8/15/2012

Total amount collected:	\$137,464,370.87	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$92,159,997.60	County/City Ratio:	0.00187637
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	172,926.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	172,926.25
YTD Amount:	\$	172,926.25